

9

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.) Minority Report, Full-time Civilian Employment						2. TYPE OF REPORT	
						<input checked="" type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL <input type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL		<input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input type="checkbox"/> FINANCE		ADMIN. GENERAL OTHER (specify)	
4. NO. OF COPIES PREPARED 5		5. FREQUENCY (weekly, monthly, quarterly, etc.) annually				6. DISTRIBUTION (No. of components not number of copies) 2	
7. FORMAT (memorandum, form, computer print-out, etc.) in table		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT			
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES GIVE ADP PROCESSING NO. Civil Service Commission			
10. PREPARING COMPONENT (include lowest level contributing information to report) Plans Staff				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) 1 Minority Group Study			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	<input checked="" type="checkbox"/> COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	<input checked="" type="checkbox"/> COST PER YEAR		
GS-14 GS-04	11.96 2.81	1/2 1/2	5.98 1.45	1	7.43		
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR							
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Agency requirement							
14. FUTURE GOALS							
15. PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						<input type="checkbox"/> OTHER (explain)	
						MAN-HOURS	DOLLARS
16. DATE OF INVENTORY 1 October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Chief, Plans Staff				18. EXTENSION 	

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(22-36-43)